

First Thoughts on MHSA Accountability Framework

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Revision 2
April 10, 2007



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Accountability System Principles

Full accountability system should be articulated at start but it should be implemented incrementally with ongoing opportunities for change

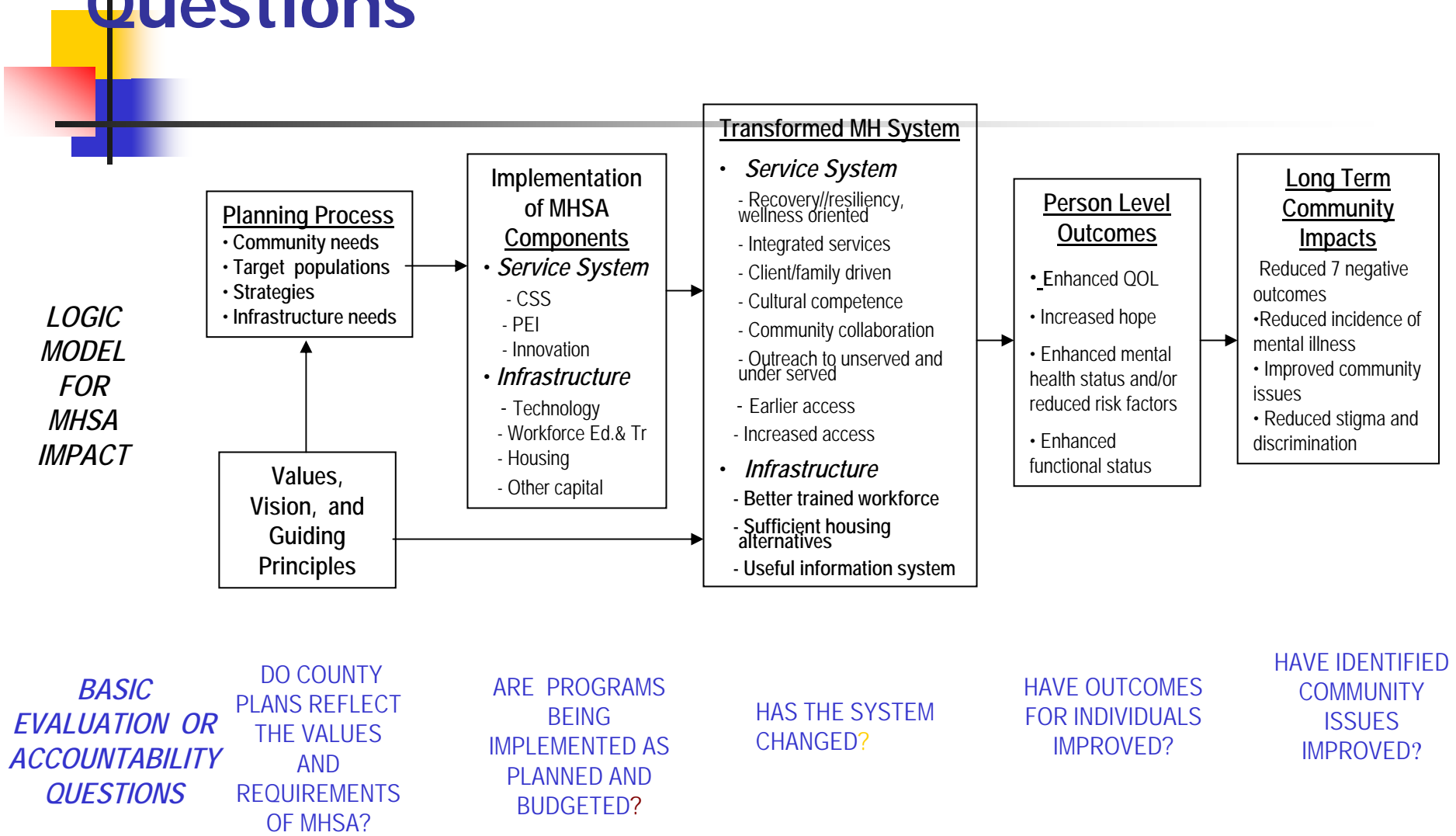
- Data must be credible, meaningful, able to be simply communicated, and tell a story about the impact of MHSA dollars and efforts
- Accountability system includes measurements of interim steps towards the achievement of ultimate goals; accomplishment of interim process goals carries considerable weight
- Accountability framework will include
 - Both state and county level accountability
 - Person, system and community impact levels
- Accountability system should ensure that counties expend funds in a manner which is in compliance with state requirements and is consistent with what is in their approved plans
- Accountability system should distinguish between service and infrastructure components with the latter supporting the former

Accountability System Principles (cont)



- Accountability system should
 - Incorporate all the MHSA components into a consistent framework
 - Utilize wherever possible existing data and measurement processes or replace if better becomes available
 - Coordinate with other accountability efforts, e.g. SQIC
- Accountability system should recognize the diversity in MHSA goals
 - Values-based, e.g. recovery/resilience orientation , consumer and family driven system, cultural competence
 - Quality-related, e.g. implementation of effective practices, culturally relevant practices
 - Outcomes related, e.g. achievement of housing, employment
- Accountability system recognizes the importance of using methods and measurements which are meaningful and relevant to consumers, family members and people of diverse cultures

Logic Model/Accountability Questions





Evaluation/Accountability Questions

- *SYSTEM-LEVEL:* Are MHSA service components being implemented as planned and budgeted?
 - 1) Who is being served and with what services?
 - Who is receiving services (e.g. age, ethnicity/culture)?
 - What mental health problems/needs are being addressed (e.g. diagnosis, community issue)?
 - What services/strategies have been funded?
 - 2) Are MHSA funds being used for allowable purposes and in accord with approved plans?

Evaluation/Accountability Questions (cont)



- *SYSTEM-LEVEL*: Has the system changed?
 - 3) Is the system more accessible?
 - Has the number of clients served increased?
 - Have cultural/ethnic disparities been reduced?
 - Are persons receiving services earlier?
 - Is the system more welcoming?
 - 4) Has the nature of the services changed?
 - Are services more recovery/wellness/resilience-oriented?
 - Are their more effective collaborations with community agencies?
 - Are services more culturally competent?
 - Are services more client/family directed?



Evaluation/Accountability Questions (cont)

- *SYSTEM-LEVEL:* Has the system changed? (cont)
 - 5) What strategies show promise and/or evidence of being effective and efficacious across or within specific cultural/ethnic groups?
 - 6) What has/can/should the state do to promote changes in the mental health system?
 - 7) Does the infrastructure better support county MH systems?
 - Are there more housing alternatives?
 - Are there more adequately trained mental health professionals and paraprofessionals?
 - Are more consumers and family members employed at all levels within the MH systems
 - Are information systems more useful?



Evaluation/Accountability Questions (cont)

- *PERSON-LEVEL:* Have outcomes for individuals improved?
 - 8) Are outcomes better for persons with serious mental illness/SED who have received significant services?
 - Has quality of life improved?
 - Has hope for the future increased?
 - Has functional status been improved?
 - Has prolonged suffering been reduced?
 - Have specific targeted outcomes been achieved?
 - 9) Are outcomes better for persons who have received significant PEI services?
 - Has mental health status improved?
 - Have risk conditions been ameliorated?
 - Have specific targeted outcomes been achieved?



Evaluation/Accountability Questions (cont)

- *COMMUNITY-LEVEL:* Have identified community issues improved?
 - 10) Have community rates of negative outcomes declined?
 - Suicide
 - Homelessness
 - Incarceration
 - Out of home placements
 - School failure
 - Unemployment
 - 11) Has stigma been reduced?
 - 12) Has discrimination been reduced?



Accountability System Components

- The remainder of the document describes five recommended components for the accountability system
 1. Program implementation and fiscal accountability
 2. Measurement of system change
 3. Evaluation of selected strategies
 4. Statewide tracking of long-term indicators
 5. Evaluation of state activity
- A final slide shows how these components address the evaluation questions

Component (1): Program Implementation and Fiscal Accountability

- Context and issues to consider
 - Keeping track of specific MHSA funding will be difficult, particularly over time as efforts expand to transform the whole system
 - Situation is complicated by budget cuts, changes in other human service systems and other funding events occurring at same time as MHSA funding
 - Slow start-up will present a problem: Need to create a context which appreciates natural difficulties in implementation of new programs of this scope and complexity
 - Need to figure out how to account for services provided outside mental health system

Component (1): Program Implementation and Fiscal Accountability (cont)

- Two elements
 - Fiscal: Ensure basic compliance with funding requirements
 - Programmatic: Describe how the MHSA money has been spent
- Element 1: Funding accountability
 - Money used on allowable purposes
 - Money used as budgeted
 - No supplantation

Component (1): Program Implementation and Fiscal Accountability (cont)

- Element 2: Program implementation: Description of how money has been spent
 - Information collected at county level and accumulated into a state picture
 - The level and scope of data accumulation will differ by MHSA component
 - Service components (CSS, PEI, Innovation) should include
 - Who served*, e.g. ethnicity/culture, age
 - For what issues/problems, e.g. diagnosis or community issue or target population
 - With what services, e.g. treatment units, outreach contacts
 - At what cost
 - Infrastructure components should include

*Will have to develop method for dealing with "unduplicated count" issue

Component (1): Program Implementation and Fiscal Accountability (cont)

- Element 2: Program implementation: Description of how money has been spent (cont)
 - Data is accumulated by the county at a level that is consistent with realistic data system capacities and staff resources
 - CSS component:
 - FSP: Data collected at person level
 - SD and OE: Data collected at the work plan level
 - PEI: Data collected at strategy level
 - Workforce (placeholder)
 - Technology (placeholder)
 - Housing (placeholder)



Component (2): Measurement of System Change

- Context and issues
 - Can start with a focus on just the MHSA-funded services but need to expand to include the whole county mental health system which is what we are trying to change
 - Comprehensive change will be difficult: Need to create a context which recognizes the difficulty of any system transformation and which includes milestones
 - Any analysis of system change must be within a context which includes other factors impacting the system, e.g. county budgets, Medicaid changes
 - While looking at counties, no systematic comparisons across counties



Component (2): Measurement of System Change (cont)

- Four elements to measurement of system change
 - Local program reviews
 - Surveys
 - Routinely collected data
 - Self assessments



Component (2): Measurement of System Change (cont)

- Element 1: Local program reviews
 - Will be developmental
 - Begin with MHSA funded programs and move toward whole system
 - Initial reviews will be exploratory with some MHSA compliance standards (e.g. stakeholder involvement, public review) and move toward more specific accountability standards
 - Process
 - Broad-based culturally diverse team including consumers, family members, other county staff, service experts, county operations
 - Need to be integrated-coordinated with other program review activities
 - Feedback mechanisms must be established so that results inform policy
 - Should result in a state wide report that summarizes findings

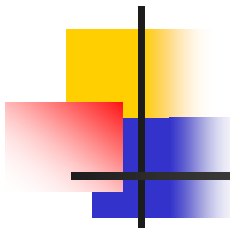
Component (2): Measurement of System Change (cont)

- Element 1: Local program reviews (cont)
 - Areas of focus:
 - Services
 - Accessibility
 - Cultural competence
 - Outreach to unserved and underserved
 - Integrated programs
 - Collaborations with other community organizations and entities
 - Recovery/resilience and wellness orientation
 - Use of effective practices
 - Administrative
 - Funding issues
 - Contract issues
 - Infrastructure
 - Consumer/family employment
 - Staff training
 - Other workforce (placeholder)
 - Technology (placeholder)
 - Housing (placeholder)

Component (2): Measurement of System Change (cont)

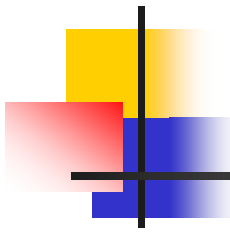
- Element 2: Surveys
 - Include both MHSA and non-MHSA funded programs
 - ***Consumers and Youth Family Members/Caregivers***
 - Continue current administration of MHSIP and youth measurements
 - May want to supplement with a sample of structured interviews
 - Sampling (either each county or statewide) at a point in time*
 - ***Families***: Family-direction, cultural competence, accessibility, recovery/resilience orientation,
 - ***Staff***: Recovery/resilience-orientation, cultural competence, client/family direction
 - ***Community partner agencies***: Nature of relationships with MH

* These surveys could be done as information –gathering parts of the county planning process



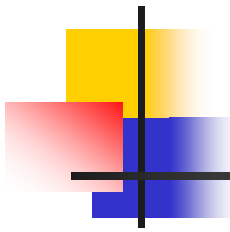
Component (2): Measurement of System Change (cont)

- Element 3: Routinely collected data
 - Are there routinely collected measurements which can accurately describe the system without misunderstandings?
 - Possibilities
 - Total numbers of clients served
 - New clients served by ethnicity
 - Pattern of service usage by ethnicity
 - Proportion of crisis services to planned services
 - Repeated hospitalizations and/or crisis without outpatient services
 - Reduction in IMD/SH usage without increase in MH in jails
 - Reduction in high-level group homes



Component (2): Measurement of System Change (cont)

- Element 4: Self-assessment
 - Counties to conduct self-assessments on service system dimensions particularly relevant to MHSA
 - The state could recommend/develop assessment instruments
 - Examples include
 - Recovery/resilience orientation
 - Effective hiring of consumers and family members
 - Integrated services
 - Quality and extent of relationships with other governmental and community-based organizations
 - Community involvement and use of natural supports



Component (3): Evaluation of Selected Strategies

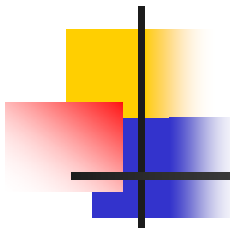
- This is ONLY component where person-level outcomes are measured
 - Stakeholders may need to be convinced that this approach of selective evaluation of person-level outcomes can tell a convincing story
- Should be a limited number of strategies since resources are required for evaluation design, data collection, and analysis
- Criteria for selected strategies should include
 - Persons being assessed are reasonably similar
 - Intervention being assessed is
 - Of sufficient intensity and/or duration to make a difference
 - Reasonably well specified
 - Implemented consistently



Component (3): Evaluation of Selected Strategies (cont)

- Outcomes need to be
 - Meaningful and relevant and should include (as appropriate to strategy being evaluated)
 - Reduction of 7 negative outcomes
 - Recovery/resilience-oriented goals important to consumers e.g. hope and social connectedness
 - Functional status
 - Measurable
- Evaluation of FSP and WRAP could be considered in this component*
 - Depends in part on how FSP will be defined
 - Illustrates the need for comparability of consumers and specificity of intervention

* AB 2034 would be an example of a strategy which would fit the criteria to be evaluated



Component (3): Evaluation of Selected Strategies (cont)

- The level of evaluation rigor can vary but the more rigor the more credibility; control groups should be considered where feasible
- Process
 - Studies can be across counties or in single counties
 - Need to establish mechanism(s) by which strategies to be studied are determined
 - Could be selected by DMH with advice from government partners, consumers, families
 - Could also be a set aside of money for individual counties to propose their own studies
 - Will require independent outside evaluators



Component (4): Statewide Tracking of Long-Term Indicators

- Purpose: to keep “eye on the ball” and provide mechanism for understanding and influencing other factors which impact these indicators
- To be tracked
 - Six of the seven negative outcomes: Suicide, incarcerations, homelessness, unemployment, out-of-home placement, school failure
 - Stigma
 - Discrimination
 - Incidence of mental illness
- This evaluation should be statewide except for any special studies/evaluations done by specific counties



Component (4): Statewide Tracking of Long-Term Indicators

- Provide a context for these issues
 - Need to create a context for understanding all the other factors which influence these community issues so that the appropriate role for MH services can be understood
 - Need to create understanding of the appropriate timeline for accomplishment of these goals
 - *Possible approach:* Rely on (and/or commission) more comprehensive studies of these issues which highlight the role of mental illness within larger community issues, e.g. out-of-home placement, school failure, incarcerations
- Utilize secondary data sources as much as possible
 - Arrange for addition of questions to existing surveys

Component (5): Evaluation of State Activity



- Two elements
 - Accountability for tasks assigned to state
 - Evaluation of state administered programs
- Element 1: Accountability for assigned task
 - Is the state accomplishing its responsibilities in a timely, efficient, and effective fashion?
 - Method: Combination of self-assessment and outside evaluation
- Element 2: State administered programs
 - Examples
 - PEI: Anti-stigma campaign, suicide prevention activity, training, ethnic-specific activities
 - Housing: (placeholder)
 - Workforce Development: (placeholder)
 - Electronic Health Record: (placeholder)
 - Evaluation based on achievement of work plan
 - Will likely require outside evaluator(s)

Evaluation/Accountability Questions By Evaluation System Components

EVALUATION/ACCOUNTABILITY QUESTIONS	<i>Component 1: Program Implementation & Funding Accountability</i>	<i>Component 2: Measurement of System Change</i>	<i>Component 3: Evaluation of Selected Strategies</i>	<i>Component 4: Statewide Tracking of LT Outcomes</i>	<i>Component 5: Evaluation of State Activity</i>
(1) Who is being served and with what services?	X				
(2) Are funds being used for allowable purposes and in accord with approved plans?	X				
(3) Is the system more accessible		X			
(4) Has the nature of services changed?		X			
(5) What strategies show promise and/or evidence of being effective and efficacious?		X	X		
(6) What has/can/should the state do to promote change in the MH system?		X			X
(7) Does the infrastructure better support county MH systems?		X			
(8) Are outcomes better for persons with serious mental illness/SED who have received significant services?			X		
(9) Are outcomes better for persons/families who have received significant PEI services?			X		
(10) Have community rates of negative outcomes declined?			X		
(11) Has stigma been reduced?					X
(12) Has discrimination been reduced?				X	X